

Request for:

Access to General Records
Access to Own Personal Information
Access to Other's Personal Information by
Authorized Agent
Correction to Own Personal Information

Access/Correction Request Form

Municipal Freedom of Information and Protection of Privacy Act

Please Note: A \$5.00 application fee is required for all requests.

This form must be printed and signed before being submitted in person or by mail. Electronic submissions will not be accepted.

Name of Institution request made to:

CITY OF WATERLOO – Legislative Services Box 337, Station Waterloo, 100 Regina Street South Waterloo, ON N2J 4A8

REQUEST DETAILS				
Last Name or Single Name		First Name		
Unit No. Street Number	Street Name		РО Вох	
City/Town	Province		Postal (Code
Telephone Number (Primary)	(Telephone Numb	er (Alternate)	
Email Address				
	a correction of personal ir tion. You will be notified	I if the correction is no	te the desired correction and, t made and you may require	
Time Period of Records:		to		
Preferred method of access to records:		Examine Original	Receive Copy	
Cignature of Apriliant			Data	
Signature of Applicant			Date	
For Institution Use Only				
Date Received:	Request Number:	Comments:		

Personal information contained on this form is collected pursuant to the Municipal Freedom of Information and Protection of Privacy Act and will be used for the purpose of responding to your request. Questions about this collection should be directed to the Legislative Services Department, City of Waterloo, Box 337, Station Waterloo, 100 Regina Street South, Waterloo, ON, N2J 4A8.